



Online Testing Waiver Request

This form is for a request to waive administering online assessments during the 2017–18 school year pursuant to the General Appropriations Act, 2017 S.C. Act 97, Proviso 1.77 (Proviso 1.77) (SDE: Technology Technical Assistance). If the State Board of Education approves this waiver, the named assessment(s) may be administered via paper and pencil.

Please state specific reason(s) why the named assessments cannot be administered online during the 2017–18 school year. Also please specify how these concerns will be addressed to alleviate the inability to test online in the following school year (2018–19).

Potential limitations may include, but are not limited to, inadequate testing facilities or insufficient infrastructure resources needed to conduct these assessments online. Provide any supporting documentation such as: District Technology Readiness Study Final Report, Testing Technical Specifications, Network Connectivity, Hardware Availability, etc.

Please send the request to Darlene Prevatt, Team Leader, Office of Federal and State Accountability, 1429 Senate Street Room 501-A, Columbia, SC 29201. **The Department requests that waiver requests be submitted before December 1, 2017, so that paper scoring sheets may be ordered in time for test administration.**

Contact Information

Name/Title: _____
Number/Email: _____
School/District Name: _____
Address: _____

Please name the assessments for which a waiver is requested

Check all that box that apply to your waiver application:

Note: RTF = residential treatment facilities

- | | | |
|---|---|--|
| <input type="checkbox"/> SC READY ELA | grade 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | all grades but only for RTF <input type="checkbox"/> |
| <input type="checkbox"/> SC READY Math | grade 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | all grades but only for RTF <input type="checkbox"/> |
| <input type="checkbox"/> SCPASS Science | grade 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> | all grades but only for RTF <input type="checkbox"/> |
| <input type="checkbox"/> SCPASS Social Studies | grade 5 <input type="checkbox"/> 7 <input type="checkbox"/> | all grades but only for RTF <input type="checkbox"/> |
| <input type="checkbox"/> Access for ELLs (all grades) | | |
| <input type="checkbox"/> Other (please specify) | | |

Please indicate whether a waiver was obtained in 2016-17, and the status of last year's plan to address.

District obtained a waiver in 2016-17? Yes ☐ No ☐. If "yes," what is the status of last year's plan to be ready for online testing?

Reason for Waiver Request

Plan to Address the Reason for the Waiver Request

Signatures

Signature, Chair of School Board of Trustees/Charter School

Date

Signature of Superintendent of District/Public Charter School District

Date